FEC FORM	<b>VI 2</b>	1	
STATEMENT (	OF C	ANDIDA	<b>ACY</b>

RECEIVED

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1. (a) Name of Candidate (in full)		1. 1 - A	2011 NU	M IO HILIO, 2
WILLIAM HO	BERT BLA	KLEY		CENTER
(b) Address (number and street)	☐ Check if address	s changed /	2. Identification Number	MAIL CENTE
9362 PINEVIE	EW LN., Al	77. J		
(c) City, State, and ZIP Code		r. 611 6	3. Is This Nev	
GASTONIA, N.	2805	4-9408	Statement (N)	OR (A)
	Office Sought	6. State & Dist	rict of Candidate	
DEMOCRAT	PRESIDEN	NiCI	· · · · · · · · · · · · · · · · · · ·	_ <u></u>
DESI	IGNATION OF PRI	NCIPAL CAMPAIGI	COMMITTEE	
7. I hereby designate the following named	d political committee as my	Principal Campaign Comr	nittee for the 2015	election(s).
		, , ,	(year of electi	on)
NOTE: This designation should be filed	with the appropriate office	e listed in the instructions.		
(a) Name of Committee (in full)	*			
		- 1.		1 .
Ch) Addréss (number and street)	F TOF	ECT WIL	LBLAK.	LEY
(b) Addréss (number and street)			• • •	-/
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1362 TINE	VIEW L	V. JAPLIU		
(c) City, State, and ZIP Code				
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GASTONIA,	NAC, 3X	5054-79	YUX	
	IGNATION OF OTH			
DEGI		Fundraising Representative		,
9 I horoby authorize the fallowing signal	, ,	~ ;	•	and funds on bahalf of -
8. I hereby authorize the following named	Committee, which is NO	my principal campaign cor	nmillee, to receive and exp	end tunds on behalt of n
candidacy.				
NOTE: This designation should be filed	d with the principal campak	an committee		
147-9-111	- trust and printerpar campaig	<b></b>		
(a) Name of Committee (in full)	197 Art 4 4 34	ž,		
	,			
diangle grows				
(b) Address (number and street)				
	·	•		
•				
(c) City, State, and ZIP Code				<del></del>
		•		
<b>DECLARATION OF</b>	INTENT TO EXPE	ND PERSONAL FU	NDS (House or Se	nate Only)
9. I intend to expend personal funds exce	E. a		•	• -
	- International Control of the Contr	<del></del>		
the theory to be the second of the second	<sup>9</sup> ^   0, c   C		for the primary election,	and
gray and the same				
	9B .O.O.O	8 8 8 8 8 8	for the general election.	
A Company of	the state of the state of			
If you do not intend to expend persona	d funda avez adlem the three			
, se se	in runus exceeding the thre	snoid amount for either ele	ction, you must enter "0.00"	for each.
I certify that I have examin				
I certify that I have exami				
/ certify that / have examin			and belief it is true, correct a	
/ certify that / have examin			and belief it is true, correct a	<u> </u>
/ certify that / have examin			and belief it is true, correct a	<u> </u>
I certify that I have examine Signature of Candidate	ined this Statement and to	the best of my knowledge is	Date NoV,	and complete.
I certify that I have examine Signature of Candidate	ined this Statement and to	the best of my knowledge is	Date NoV,	and complete.
	ined this Statement and to	the best of my knowledge is	Date NoV,	and complete.
I certify that I have examine Signature of Candidate	ined this Statement and to	the best of my knowledge is	Date NoV,	and complete.
Signature of Candidate	ined this Statement and to	the best of my knowledge is	Date NoV,	and complete.
I certify that I have examine Signature of Candidate	ined this Statement and to	the best of my knowledge is	Date NoV,	and complete.